

## -Substitute for Form PTO-875

Application or Pocket Number

10/606.509

(Column 1)

(Column 2)

SMALL ENTITY

OR.

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))	21	
TOTAL CLAIMS (37 CFR 1.16(c))	21 minus 20 =	1
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 1 =	1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

RATE	FEE
	\$ _____
+ \$ _____ =	
+ \$ _____ =	
+ \$ _____ =	
TOTAL	

	RATE	FEE
OR	BASIC	50
OR	18	18
OR	x 84 =	
OR	+ 280	
OR	TOTAL	768

## CLAIMS AS AMENDED - PART II

(4) Column 1)

(Column 2)

2. **differs by**

### SMALL-ENTILLY

Dis

OTHER THAN  
SMALL ENTIRELY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENTS		HIGHEST NUMBER PREVIOUSLY PAID FOR	PREVIOUS CLAIM
	Total (37 CFR 1.552)	21	Minus	21	=
	Independent (37 CFR 1.161)	3	Minus	3	X
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103)					

DATE	ADDITIONAL FEE
12/1/2000	
12/2/2000	
12/3/2000	
TOTAL ADDL FEE	

SMALL PRINT	
DATE	AGE HOURS MIN
OR 50	
OR 20	
OR 30	
TOTAL ADD \$50	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		REQUEST NUMBER PREVIOUSLY PAID FOR		"RECEIVED" DATE
Total (37 CFR 1.100)	*	Minus	**		=
Independent (37 CFR 1.100)	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.100)					

DATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

	RATE	ALL LOCAL FEES
OR	+ \$ _____ =	
OR	+ \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL ADDITIONAL FEE	

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$_____ =	
x \$_____ =	
+ \$_____ =	
TOTAL ADDITIONAL FEE	

	RATE	ADDITIONAL FEE
OR	λ \$ _____ =	
OR	x \$ _____ =	
OR	+ \$ _____ =	
OR	TOTAL ADDITIONAL FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2*